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POWER OF ATTORNEY OR	Title		3-(IMIDAZOLYL)-2- ALKOXYPROPANOIC ACIDS						
THE PROPERTY OF AGENT	Group Art Unit		NOT YET ASSIGNED						
	Examiner Name		NOT YET ASSIGNED						
·	Attorney Docke	t Number	PC22037A						
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Please type a plus sign (+) inside this box -NOT YET ASSIGNED **Application Number** HEREWITH Filing Date **CHARLOTTE MOIRA NORFOR First Named Inventor ALLERTON POWER OF ATTORNEY OR** 3-(IMIDAZOLYL)-2-Title ALKOXYPROPANOIC ACIDS **AUTHORIZATION OF AGENT** NOT YET ASSIGNED **Group Art Unit NOT YET ASSIGNED Examiner Name** PC22037A Attorney Docket Number I hereby appoint: 23913 Practitioners at Customer Number OR Practitioners named below: Name **Registration Number** as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR **Practitioners at Customer Number** OR Firm or Individual Name

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PTO/SB/81(02-01) for use through 10/31/2002. OMB 0651-0035 lype plus sign (+) inside this box → Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE **NOT YET ASSIGNED Application Number** Filing Date **HEREWITH CHARLOTTE MOIRA NORFOR First Named Inventor ALLERTON** POWER OF ATTORNEY OR 3-(IMIDAZOLYL)-2-Title ALKOXYPROPÁNOIC ACIDS **PORIZATION OF AGENT Group Art Unit NOT YET ASSIGNED NOT YET ASSIGNED Examiner Name Attorney Docket Number** PC22037A I hereby appoint: **Practitioners at Customer Number** 23913 OR Practitioners named below: **Registration Number** Name as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR **Practitioners at Customer Number** OR Firm or Individual Name Address Address City State Zip

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Please type a plus sign (+) inside this box -Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE **NOT YET ASSIGNED Application Number** Filing Date **HEREWITH** AUG 10 **CHARLOTTE MOIRA NORFOR First Named Inventor** ALLERTON POWER OF ATTORNEY OR Title 3-(IMIDAZOLYL)-2-**ALKOXYPROPANOIC ACIDS AUTHORIZATION OF AGENT Group Art Unit NOT YET ASSIGNED NOT YET ASSIGNED Examiner Name Attorney Docket Number** PC22037A I hereby appoint: **Practitioners at Customer Number** 23913 OR Practitioners named below: Name **Registration Number** as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR **Practitioners at Customer Number** OR Firm or Individual Name **Address Address** City State Zip Country Fax Telephone I am the: Applicant/Inventor.

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